

**KERWIN COURT
HORSHAM
ANNUAL REPORT
2009**



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BRAIN INJURY REHABILITATION TRUST



Looking ahead

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INTRODUCTION

This is the third Annual Report for Kerwin Court which opened in May 2007. The unit is registered with the Care Quality Commission as a care home for adults with physical disability. Kerwin Court is located near Horsham in West Sussex and forms part of the nationwide network of rehabilitation support services provided by the Brain Injury Rehabilitation Trust (BIRT). The Brain Injury Rehabilitation Trust is a division of The Disabilities Trust, a not for profit organisation, offering innovative and progressive services for people with profound physical disabilities, autism and learning disabilities, as well as brain injury. In 2006 and 2007 BIRT's services in the UK had received independent international recognition from CARF (formerly the Commission for Accreditation of Rehabilitation Facilities), a non-profit organisation based in United States of America. Our services were re-inspected in May 2009 and all were re-accredited with many areas being described as exemplary.

WHAT WE DO

The rehabilitation programme at Kerwin Court provides a full post acute brain injury rehabilitation service including assessment, comprehensive rehabilitation and transitional living arrangements. Our service is designed for people who are medically stable and who, following careful assessment, are considered to have the potential for increased independence and social reintegration.

Our experienced staff work intensively with each individual, helping them to relearn skills lost as a result of their brain injury, or to acquire new skills to help minimise the impact of their injury. The rehabilitation service is primarily offered to adults between the ages of 18 and 65, although with agreement from the registration inspectorate, we are able to take service users who fall above this age range if their primary need is for brain injury rehabilitation. For service users in the age range 16-18 years we may be able to obtain a variation in our registration subject to the agreement from the registration inspectorate.

The main building at Kerwin Court contains sixteen ensuite bedrooms and two independent living flats, which are used for service users requiring intensive programmes of rehabilitation using local community resources wherever possible. Adjacent to the main unit are five single occupancy bungalows which can provide the opportunity for service users to consolidate their independent living skills prior to moving on to a community house or returning to their own home.

Rehabilitation follows BIRT's well-established neurobehavioural model. Each service user has a rehabilitation plan, which is tailored to the individual and may include structured learning programmes, practising daily living skills, community access skills, behavioural management programmes (where necessary), social skills training and vocational assessment and support.

Service user meetings are held fortnightly and are led the Service Manager. These meetings provide a forum for seeking service user's views and provide an opportunity for new ideas and suggestions to be made, for example, establishing a project group which has generated income for additional social trips by washing cars, and a sponsored silence to raise money for Children in Need.

Service users are invited as representatives on the Health and Safety group and to take on roles in coordinating recycling on the unit. Several service users participated in Brain Injury Awareness week, working along side staff to promote awareness of brain injury at our stall at the Horsham District Community Safety Day on 16th May.

DEVELOPING OUR PROGRAMME

In 2009 we have focused on our family support services. From the outset our key workers have provided information and a point of contact for family members and friends. We had an initial open meeting with a number of relatives in September 2008 and based on the ideas generated then we set up a programme of events and have developed information sheets which are available from our website and which are given to relatives ('Frequently Asked Questions' and 'Information for Families')

We continue to offer a regular group programme as we recognise that people often learn a lot from each other, provided the groups are appropriately structured and managed. In addition to sessions such as brain injury awareness, memory groups, arts and crafts activities, and relaxation sessions, we run a regular morning group, a body balance group (which caters for a wide range of physical prowess), a gardening group and a weekend planning group. The gardening group again produced a fine crop which was sold to raise funds for next years seeds. The brain injury awareness group is particularly popular as it offers service users information about brain injury as well as an opportunity to talk about their own experiences and injury. Also popular is the discussion group which often takes place in a local coffee shop, and encourages people to turn take as well as express their own views.

CLINICAL ACTIVITY

Admissions

Kerwin Court admitted 22 new service users in 2009. One service user transferred to Kerwin Court from another BIRT service (York House), and one person had been assessed at the end of 2008 and was admitted early in January 2009. A total of 30 preadmission assessments were carried out in 2009, which means that 73% of assessments translated into funded admissions. In seven cases (23%) it was felt that Kerwin Court was not a suitable placement for the individual, in one case

because they were more suitable for outpatient rather than residential rehabilitation and in the other cases because their needs could not be most appropriately met by the service model at Kerwin Court. In some cases people needed the stability of a long term placement which is hard to provide with such an active turnover of rehabilitation cases and in other cases the individuals had very specific needs that could be more appropriately provided by other specialist services. Two people were assessed as suitable but were admitted instead to other rehabilitation service, one of which was another BIRT unit. One person who was assessed was not medically stable at the time and their needs will be reviewed.

All referrals made to the programme are assessed by the Consultant in Neuropsychology and Rehabilitation and the Service Manager and discussed with the Head of Care, Assistant Manager and Clinicians within the unit to ensure that we can meet the identified needs for the service user. The majority of these pre-admission assessments are conducted at the unit itself in order to ensure that the service user and their relatives or carers have an opportunity to see the resources available and have an informed discussion about the benefits of rehabilitation at Kerwin Court. However a number of assessments are carried out at the referring unit, for example Crawley Hospital, East Surrey Hospital, Eastbourne District General Hospital or Hurstwood Park Neurological Centre.

Discharges

We discharged 28 service users during 2009. Average length of stay for those discharged in 2009 was 35 weeks but there was a wide range with 50% of discharges occurring within six months, and a further 29% within a year (see figure 1). We had a couple of early discharges (admissions of less than 2 weeks) and we successfully discharged 6 service users who had been with us for over a year. Five of these discharges were to long term residential placement to meet the individuals' complex needs, but one service user was discharged at the end of March to a flat in the community with a support package which he had been eagerly anticipating for many months.

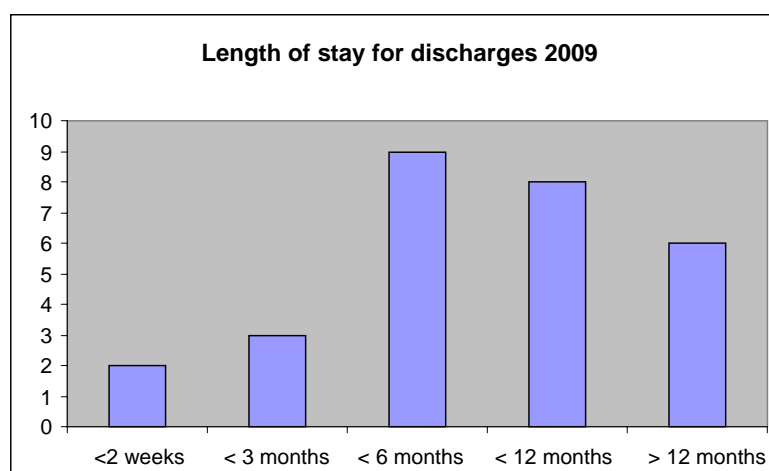


Figure 1: Length of stay for people discharged in 2009

OUTCOMES

We measure progress using standardised outcome measures as well as individual goal setting during the rehabilitation programme. We use the Supervision Rating Scale to describe levels of support required and the Community Disposition Scale to record accommodation needs and engagement in activity. Specifically we measure the type of accommodation and support needs required at time of admission and discharge, and changes in the type of day time activity including work or study that an individual is engaged in on admission and in the plans for discharge.

Levels of Supervision

The level of supervision required at the time of admission and planned for the discharge destination is measured using the Supervision Rating Scale, which ranges from fully independent living, different levels of part time supervision (overnight supervision only, individuals being left alone for a full working day, being able to leave an individual unsupervised for up to an hour) through to full time supervision (for example requiring checks every 30 minutes through to 1:1 supervision). Table one summarises the changes in supervision requirements overall for those service users discharged in 2009.

Table 1: Changes in Supervision levels

	Independent	Part time supervision	Fulltime Supervision
Admission	11%	11%	79%
Discharge	41%	22%	37%

In 37% of cases (n=10) service users moved from the highest levels of supervision (full time supervision) to living in the community, sometimes with family or support available for parts of the day but otherwise independent. Three people were able to return home but continued to require a substantial amount of supervision at home which family members were able to provide, and one person moved to a supported living arrangement where staff provided part time supervision only. We did admit three people who were already living independently or with minimal support and their supervision needs did not change during admission.

We discharged 8 people to placements where they would continue to receive 24 hour supervision, reflecting their complex physical and behavioural needs, although four of these placements were more homely community services which could nevertheless provide the required 24 hour support. A couple of people were discharged to services providing a higher level of support than had been present on admission. In one case this reflected the inadequate level of support available to the individual pre admission, and in the other case, the complexities of the individual's communication needs meant that a different type of supervision was required to support his activity programme in the longer term than had been necessary during his acute care.

Accommodation

Of 21 people who had originally been admitted from residential care 5 of them (19%) could be discharged to live on their own or with their families and a further 9 people (33%) were able to live in the community in various forms of supported living arrangements. Three of our service users (11%) had been living independently at the time of admission and three more (11%) had been supported to live with family or in a community placement and still needed a reasonably high level of support at discharge.

Table 2: Changes in accommodation needs

	Independent/ with family	Supported living	Residential
Admission	14%	11%	75%
Discharge	30%	41%	26%

Having reviewed the data for all service users discharged during 2009 it was encouraging to see the reduction in the need for residential care.

Occupational Activity

The Community Disposition Rating Scale records level of meaningful activity ranging from no productive activity, structured day programmes, voluntary work, through to supported employment, part time and full time working. At the time of admission to Kerwin Court the majority of service users (63%) had no productive activity (see figure 2). A significant proportion did have some form of day programme (32%) but only one person actually had any form of vocational activity at the time of admission.

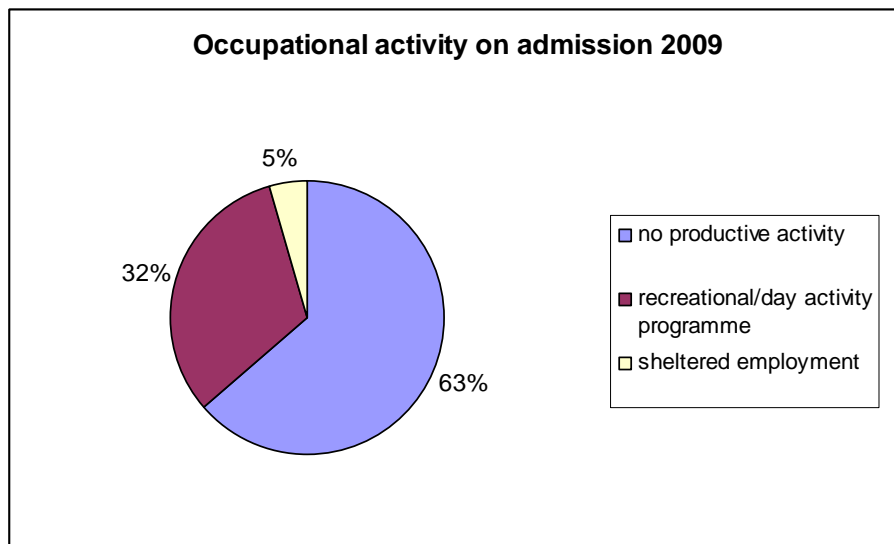


Figure 2: Occupational activity on admission

By the time of discharge the proportion of service users with no productive activity has reduced. In 2008 it had dropped to 19% whereas in 2009 it remained quite high at 30% (see figure 3), which

reflect the more challenging nature of some of the service users discharged in this period. However, we were able to discharge just over a third of our service users to vocational training, supported employment, volunteer roles or back to their roles as homemakers. Since discharge one service user has moved forward from her volunteer role back into full time work.

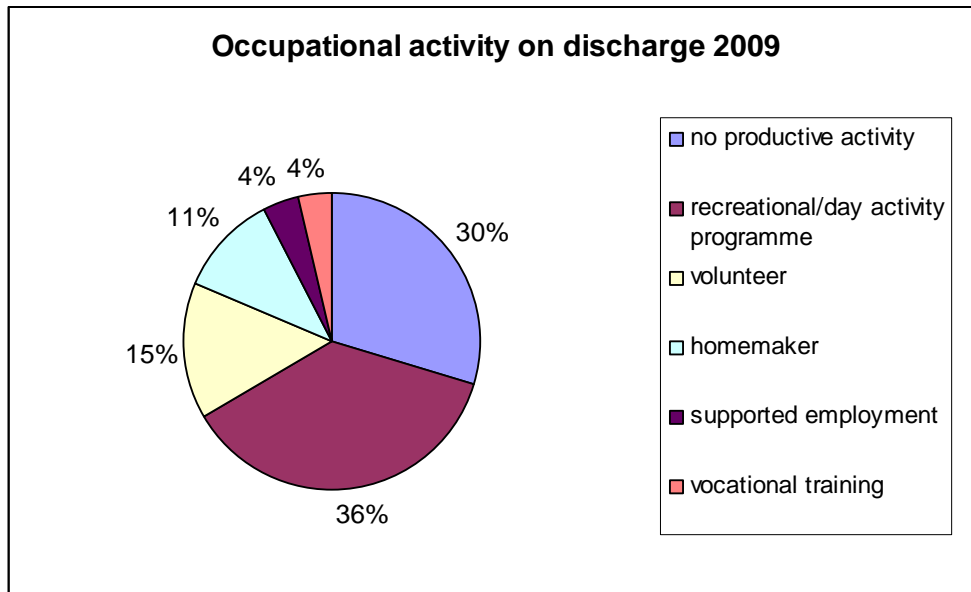


Figure 3: Occupational activity on discharge

FUNDER PROFILE

The majority of new admissions to Kerwin Court in 2009 (see figure 4) were funded by Continuing Health Care (86%) which is an increase since 2008 (57%). Only one person was admitted with Social Services funding. We had no new admissions joint funded by health and social care but two existing service users had previously been admitted with joint funding.

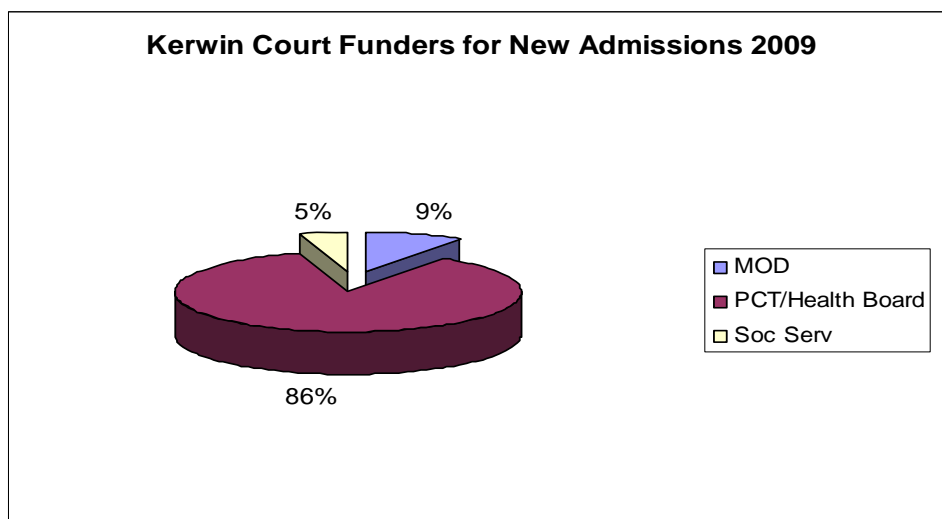


Figure 4: Funders for new admissions in 2009

BIRT has a contract with the Ministry of Defence to provide specialist residential rehabilitation for service personnel who are unable to return to active service and we had a number of service personnel with us during 2009.

We continue to receive regular referrals from East Sussex, West Sussex and Surrey ie from the surrounding geographical areas as well as a smaller number from adjacent areas such as Kent, Essex, and Brighton and Hove. We have previously admitted clients from South Wales, Guernsey and Cornwall and are willing to consider these referrals on a case by case basis.

SERVICE USER PROFILE

Diagnosis

As in previous years half our admissions (50%) are as a result of traumatic brain injury (eg falls, road traffic accidents, assaults, and blast injuries) which is comparable to our data from 2008 (49%) and 2007 (11/18). The proportion of people admitted with some form of cerebrovascular accident (CVA) or stroke has risen slightly (27% compared with 20% in 2008 and 22% of 2007) whilst the other two major diagnostic groups in 2009 were hypoxic brain injury due to lack of oxygen and tumour related complications.

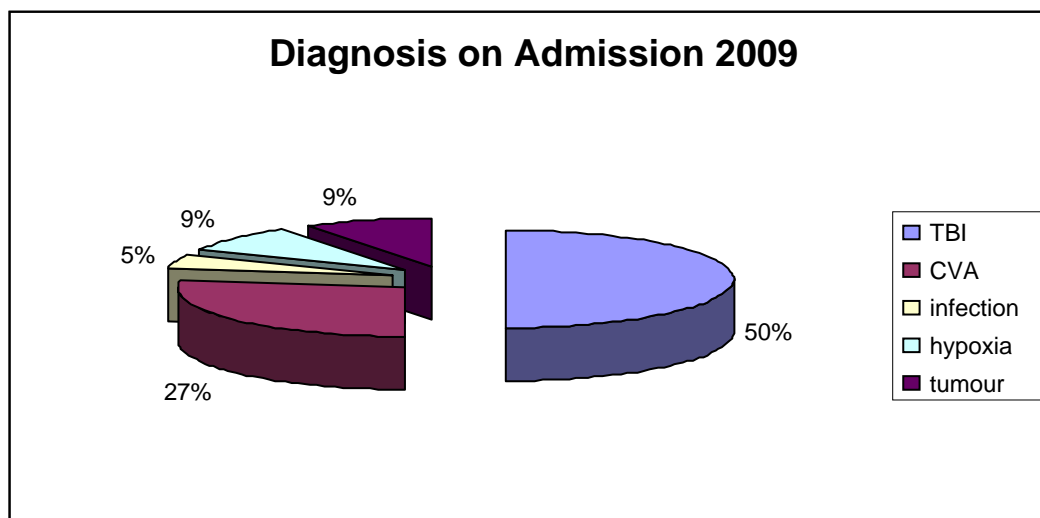


Figure 5: Diagnoses on admission in 2009

Time since injury

As the graph below illustrates (figure 6) the majority of service users in 2009 sustained their injury less than 12 months prior to admission (64%) which is consistent with the pattern in 2008 and continues the trend towards more acute injuries in comparison with our 2007 admissions where only 44% of our admissions were within 12 months of onset. We have also seen a steady rise in the proportion of service users being admitted more than five years post injury (27%in 2009) reflecting the long term nature of many of the problems experienced by this client group. Kerwin Court is being asked to review people's needs and to trial community-type packages using our flats

and bungalows with the expectation that these packages can then be transferred to the individuals' home areas.

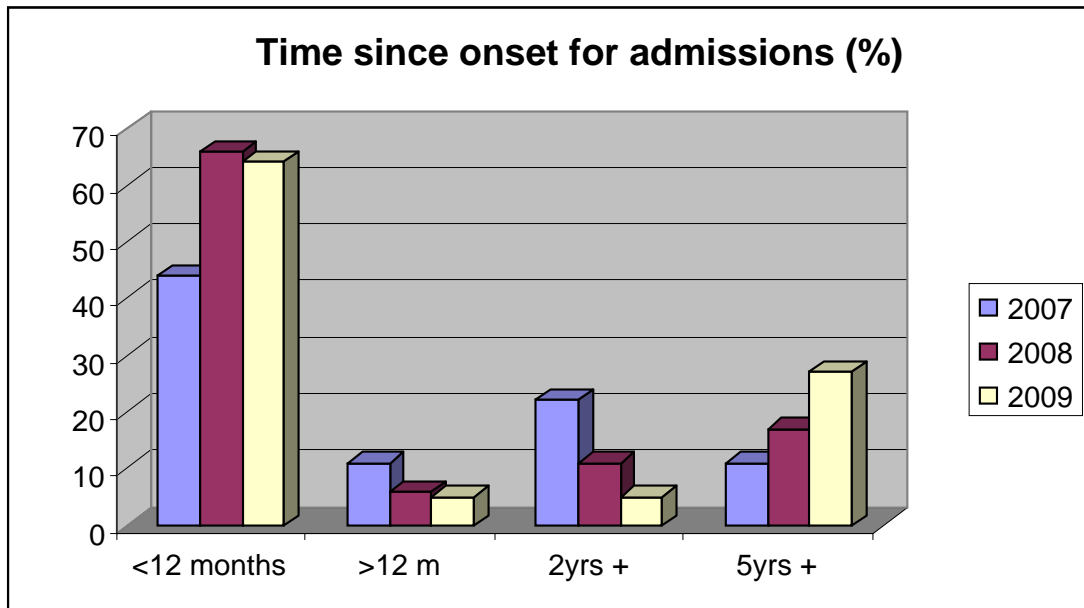


Figure 6: Time since onset for admissions in 2009

Age at admission

The age range of service users admitted had increased slightly during 2009 with 41% of service users being over the age of 50, reflecting a higher proportion of people with stroke being admitted. However, nearly 60% of people are under 50 at time of admission with nearly a third being under 30.

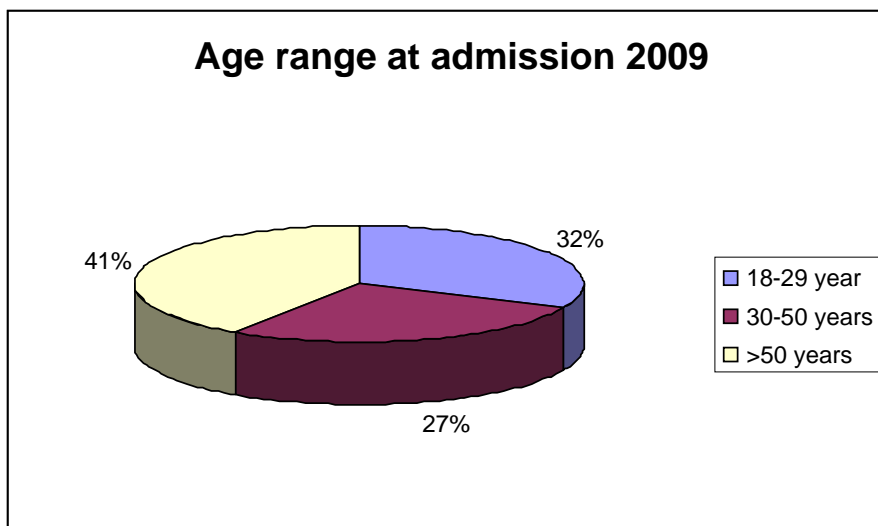


Figure 7: Age range of admissions in 2009

Our local registration authority (CQC) has been happy for us to admit service users over 65 where the primary need is for rehabilitation (rather than for long term placement) although in 2009 we have not had many referrals for people over age 65. We are happy to consider these on a case by

case basis and the individual must be able to benefit from the active rehabilitation programme here on the unit.

SATISFACTION DATA

BIRT requests feedback on its services from family members, service users, and referrers at the time of discharge.

The questionnaires sent out to family members cover areas including the admission process, whether the aims and benefits of rehabilitation were explained, did they receive appropriate information about the placement, the rehabilitation plan and discharge arrangements. In addition the questionnaire asks whether they felt they were treated with respect and courtesy by staff and whether the facility itself was clean and of an appropriate standard. 14/28 family members responded in relation to discharges in 2009 and the overall satisfaction rating was 100%. It was pleasing to see that two areas highlighted as slightly weaker in 2008 relating to the support and information available for family members had improved and were now rated very highly. Although generally very positive, there is always scope for improvement and some of the comments on the feedback forms suggest that it would be helpful for families to have a clearer explanation early on of the aims of admission. This is something that is usually addressed with the funders in support of the placement, and discussed at the Review meeting during the assessment period, but we will look at how we can share this information at an earlier stage more routinely with family members, with the consent of the individual.

Service users too were generally positive about the building and the way staff treated them. As in previous years there was some variability in terms of the extent to which the 8/28 service users who completed feedback forms viewed their rehabilitation. A couple of people felt that their rehabilitation had not been sufficiently explained and in two cases people reported back that they did not feel their discharge plan was satisfactory. To some extent this is likely to reflect individual circumstances and whether people's expectations are realistic but we have worked to establish more thorough discharge plans to hand over as people leave our service during 2009 so hopefully this will be reflected in the feedback in 2010.

Responses from our referrers have been universally positive with no areas of dissatisfaction. As reported above in 2009 we did prioritise our discharge planning or 'portable profiles'. We have already received positive feedback on these packs of information handed over to new placements. Identifying suitable placements or resources to support discharges into the community continues to be a challenge, and we need to ensure that our formal review/discharge planning meetings share these challenges with funders and report fully on the progress towards discharge.

RECRUITMENT AND RETENTION

Three new members of the clinical team joined us during 2009, Siobhan Palmer, Clinical Psychologist, Sabine Harland, Assistant Psychologist, and Lisa Parsons, Occupational Therapist. Siobhan was working at Oliver Zangwell Centre in Ely before she joined us. Sabine took over from Claire Rogers who moved on to work with Older People. Lisa joined us from Fen House, another BIRT service, after Emily Thomas left us in September 2009. We welcomed 12 new rehabilitation support workers and said goodbye to 10 others, including three who had been with us since we opened. Several of them have chosen to remain on our bank staff list so we still get to work with them occasionally and it is great to have such experienced people on shift. We have also welcomed Terri Wood as housekeeper, Christopher Fuller as weekend kitchen assistant and Mark Butler as the weekend cook.

We welcomed our new Service Manager, Wendy Fletcher, in April 2009, and said thank you to Sue Thompson who had been helping us during the interim period before Wendy started.



Wendy Fletcher Service Manager

Several members of staff have changed roles. Tom Bielinski who previously worked as an RSW at nights was promoted to Team Senior and is now a familiar face on the unit on the day shifts. Angie Simmons was our Business Administrator but has now taken on the role of coordinating the business administrators across the BIRT units in the South, ensuring consistency of practice and providing training and supervision. Her role at Kerwin Court has been filled by Sandra Crawford, previously Unit Secretary, and in turn, Sandra's role has been filled by Wendy Brown. Wendy had originally been employed as the Unit Receptionist. Both Sandra and Wendy are highly organised and it is great to be able to retain their skills in their new roles.

STAFF TRAINING, DEVELOPMENT AND SUPERVISION

Training of staff remains central to the success of Kerwin Court. All staff are required to complete mandatory training in manual handling, fire prevention, food hygiene, POVA, Health and Safety and Infection Control. All staff attend basic brain injury awareness training and training in behavioural recording within the first 6 months of employment. Further Intermediate Brain Injury Training is provided after six months for staff, giving them an opportunity to draw upon their initial experiences and to be able to participate fully.

In addition to the mandatory training and brain injury training provided centrally by BIRT, the induction programme at Kerwin Court has been re-designed to emphasis key areas such as

understanding boundaries and 'dignity and respect'. In the initial induction new support workers spend time with members of the clinical team to gain an understanding of their role. We also continue to provide monthly clinical training sessions for staff focussing on relevant issues. By focussing the teaching on a topic such as inattention when we have several service users admitted with marked left sided neglect, or on moving and handling in relation to specific complex service users, the staff gain a deeper understanding of what they are trying to achieve and become more skilled at tackling the difficult issues that can arise in residential rehabilitation. Other topics in 2009 have included 'de-escalation techniques', 'boundaries', 'working with families', 'looking at clients', 'working with clients who upset us', 'running groups', 'recording behaviour', and a sensory workshop.

Clinical supervision is provided in various forms to all staff on the unit. There are regular meetings for the team seniors, attended by members of the clinical team to discuss specific client programmes as well as the regular clinical team meeting which is attended either by the Team Senior or one of the Rehabilitation Support Workers. All staff receive regular supervision and have the opportunity to discuss issues of concern. There are five staff currently working on their NVQ award at either level 2 or level 3, and two staff who are completing their assessors award.

We have welcomed a number of external speakers all of whom have been interesting and highly relevant. In March Ava Easton from the Encephalitis Society gave staff a useful overview of the disease and its aftermath and she was also able to spend time with some service users and their relatives who had first hand experience of the condition and specific questions for her. In May, we welcomed Mark Holland, our 'Friendly Fireman', from the Community Area Safety Team to talk about the various devices available to help keep people safe in their homes, and how to access these. In June, John Norris, Consultant Neurosurgeon from Hurstwood Park Neurosciences Centre in Haywards Heath did a question and answer session for us on a range of neurosurgical issues. This was a particularly helpful session as a number of our service users have been treated at the Hurstwood Park service and often return there for follow up appointments whilst they are with us. Verna Kaye from the Safeguarding Adults Team gave all staff an update on Safeguarding Reporting Procedures in two sessions in June and July 2009. In September members of the local Deprivation of Liberty Team gave a presentation about the new safeguards and how these can be used to support service users and staff.

WORKING WITH FAMILIES

In 2009 we have developed the services we provide to support relatives and friends. Following on from the initial event held in August 2008 we set up a series of family events in the early evenings throughout the year. The information evenings in 2009 have included a presentation from Sue Wood from West Sussex Social Care about how social services provision is changing and her role

in trying to ensure that people with a range of disabilities that are often hidden do not find that their needs are overlooked. Other presentations from members of the clinical team have covered specific topics such as memory or attention, which have been helpful for family members who have been struggling to understand why their relative is behaving as they do.

We have also established a Family Resource Room with information about the local area so that families who are not familiar with the area can get some ideas about places to visit at the weekend. There is also a collection of books, videos and leaflets that relatives and friends can browse, with a TV/Video available if they want to watch any of the programmes or films, including Finding Nemo, 50 First Dates and Skins which address brain injury issues in a way that is more accessible to younger children and teenagers. We have some additional resources for younger children including a pop up book on the brain ('See inside your head'), and the leaflets 'My mum makes the best cakes' and 'My dad makes the best boats' which are aimed at children who are just learning to read and provide an opportunity for parents to sit with them and talk about some of the complex issues that can arise but with age appropriate material.

It is hard for families to know what to expect when their relative is admitted to a brain injury unit. We have developed a set of Frequently Asked Questions (FAQs) which are downloadable from our website to give to families either before or just after they arrive, and also an information sheet about what support we can provide to them. Each service user has an identified Key Worker and a Primary Support Worker who is the main point of contact between families and the unit staff. We keep a record of all family visits, so that we can reassure service users who lose track and worry that no one has been to see them. We do suggest that social visits are made in the evening or at weekends so as not to disrupt the main programme but we recognise that at times this is not practical because of the distances some families have to travel, and also that there can be great value in family members participating in certain sessions as part of understanding the service users' needs and supporting the transition to more independence.

EVENTS AND NEWS IN 2009

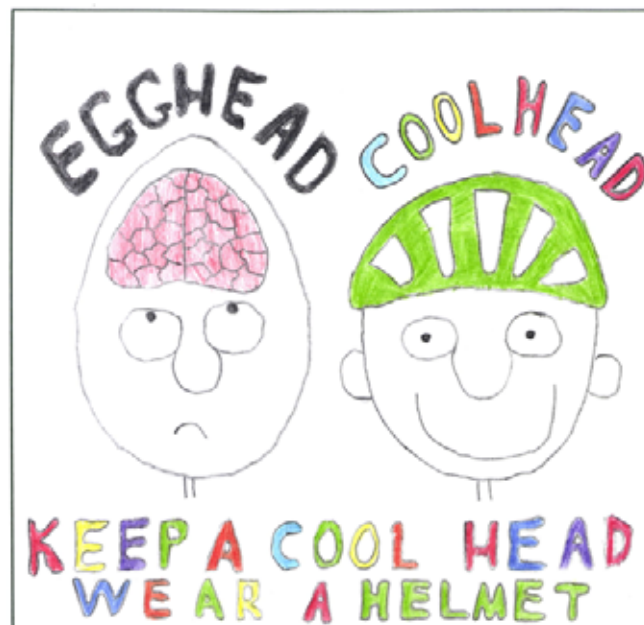
During Brain Injury Awareness week (May 11-17th 2009) Kerwin Court participated in the Horsham District Community Safety Day which was highly successful and an enjoyable day. This was a busy week for the Unit as the CARF accreditation visits were taking place across all BIRT services and although Kerwin Court was not on their itinerary we had to be prepared for an unscheduled visit. It was also our 2nd birthday and we had a barbeque to celebrate on May 12th. The weather was not as kind as it had been the year before but it was a nice opportunity to reflect on what we have learnt over the first two years and to say thank you to everyone who has contributed over that time.

We had the opportunity in July to share our experiences directly with a member of the government when we were visited by Jonathon Shaw, Minister for Disabled People, who was happy to sit and talk with service users about their experience of rehabilitation as well as talking with staff about key issues where policy changes could have an impact on service provision.

On June 18th we held a successful Seminar with over 80 attendees in Basingstoke in association with Moore and Blatch Solicitors. Ian Fussey Consultant Psychologist with our Community Services Division gave a talk about working in the community and how that changes the approach to behavioural management. Camilla Herbert from Kerwin Court talked about the evidence for the cost effectiveness of rehabilitation based on the work at Kerwin Court, and Damian Horan talked about the ways in which the medico legal process can contribute to rehabilitation.

The BIRT conference 'Innovations: Models and Management in Brain Injury Rehabilitation' was held in Birmingham on 23-24th September 2009. Camilla Herbert from Kerwin Court ran a workshop on Sexual Capacity and Consent which provoked a lively discussion and a recognition that this is a difficult and sensitive area.

BIRT continues to run its 'Look after your head' campaign both locally and nationally. The winner in the south east this year was Phoebe Bicknell age 9 from The Globe Primary School with a fantastic poster.



Throughout the year the West Sussex ABI Network have held their regular meetings at Kerwin Court with a range of speakers, including two presentations from Kerwin Court staff. In July Lindsay Smith, Emily Thomas and Sara Goldstone presented on 'The role of occupational therapy

and physiotherapy in the longer term management of people with ABI'. Siobhan Palmer gave a presentation in October on her work with couples and families after brain injury.

We continue to be grateful to friends and relatives who donate money to the Unit through various fundraising initiatives.



As part of our Christmas festivities we held a Quiz and Karaoke Evening on 17th December for service users (past and present) and family members. There were some very fine performances and many mince pies were consumed.

PLANS FOR 2010

During 2010 we will maintain our clinical programme and continue to provide our service users, families and funders with the quality of service they have come to expect from Kerwin Court. We will expand our support for families to include both education meetings and a family support group. We will monitor the use of the resources in our Family Resource Room and modify and extend them as required. We will review the range of social, vocational and educational options available for service users, both those on shorter admissions (3-6 months) and those suitable for people who remain with us for longer periods. We will build on the success of our 'portable profiles' for discharge and ensure that the planning process prior to discharge is fully documented and shared throughout what is acknowledged to be a complex process.

CONCLUDING REMARKS

2009 has seen us delivering a very high quality service that has been appreciated by funders and families. We have successfully discharged a range of service users, some to independence and others to the right placements for their complex needs. As before, our strength is in our staff team who continue to go that extra mile and remain professional, good humoured and enthusiastic in the face of the many challenges they encounter. I look forward to working with them all in 2010 as Kerwin Court continues to provide high quality brain injury rehabilitation here in West Sussex.

Dr Camilla Herbert, Consultant in Neuropsychology and Rehabilitation, January 2010.